

2768

Mr. Tucker

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS 4500
CERTIFICATE OF DEATH

STATE FILE NO. 5991

BIRTH NO. 1215		1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		2. USUAL RESIDENCE A. STATE <u>Arizona</u> B. COUNTY <u>Pinal</u>			
DEATH 13		B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE TOWN OR RURAL) <u>Glendale</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA			
RESIDENCE 1207		D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Glendale General Hospital</u>		D. STREET ADDRESS <u>Glendale, Ariz</u>			
9		3. NAME OF DECEASED A. (FIRST) <u>DOUGLAS</u> B. (MIDDLE) <u>E</u> C. (LAST) <u>WHITE</u>		4. SEX <u>Female</u> COLOR OR RACE <u>White</u>			
2		6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>11</u> DAY <u>27</u> YEAR <u>1870</u>			
1		8. AGE YEARS <u>79</u> MONTHS <u></u> DAYS <u></u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>Housewife</u>			
3		9B. KIND OF BUSINESS OR INDUSTRY <u>Glendale</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Kansas</u>			
ONAL 177		11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)			
TA 177		14A. FATHER'S NAME <u>Callaway Phyl</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>KANSAS</u>			
7		15A. MOTHER'S MAIDEN NAME <u>MO-Record</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>MO-Record</u>			
X49		16. INFORMANT'S SIGNATURE <u>Miss Elva Weaver Glendale Ariz</u>		17. DATE OF DEATH (MONTH) <u>11</u> (DAY) <u>30</u> (YEAR) <u>49</u>			
4500		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), (3), (4), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (20), (21), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32), (33), (34), (35), (36), (37), (38), (39), (40), (41), (42), (43), (44), (45), (46), (47), (48), (49), (50), (51), (52), (53), (54), (55), (56), (57), (58), (59), (60), (61), (62), (63), (64), (65), (66), (67), (68), (69), (70), (71), (72), (73), (74), (75), (76), (77), (78), (79), (80), (81), (82), (83), (84), (85), (86), (87), (88), (89), (90), (91), (92), (93), (94), (95), (96), (97), (98), (99), (100), (101), (102), (103), (104), (105), (106), (107), (108), (109), (110), (111), (112), (113), (114), (115), (116), (117), (118), (119), (120), (121), (122), (123), (124), (125), (126), (127), (128), (129), (130), (131), (132), (133), (134), (135), (136), (137), (138), (139), (140), (141), (142), (143), (144), (145), (146), (147), (148), (149), (150), (151), 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DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH <u>1. generalized arteriosclerosis</u> <u>2. arteriosclerotic heart dis</u> DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH	
TIONS, OPY 2		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
ATH X		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			
TO RNAL 2		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
ENCE		21F. HOW DID INJURY OCCUR?		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
ICAL 1		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>15 June 49</u> TO <u>30 Dec 49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>30 Dec 49</u> AND THAT DEATH OCCURRED AT <u>12:30 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
ONER'S 59		23A. SIGNATURE <u>Frank H. M.D.</u>		23B. ADDRESS <u>Glendale, Ariz</u>			
CATION		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>12/2/49</u>			
ERAL 59		24C. NAME OF CEMETERY OR CREMATORY <u>Glendale Cemetery</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Glendale Ariz</u>			
CTOR 2		25A. DATE REC'D BY LOCAL REG. <u>Dec 8-1949</u>		25B. REGISTRAR'S SIGNATURE <u>LR P. Martind</u>			
ND		26. FUNERAL DIRECTOR'S SIGNATURE <u>Bob & Manuel</u>		27. EMBALMER'S SIGNATURE <u>George Hornum</u>			
TRAR 2		CERT. NO. <u>2727</u>					